Tennessee Department of Mental Health and Developmental Disabilities

2005 Client Satisfaction Survey Adults and Children



Research & Evaluation Unit Office of Managed Care

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Tennessee Department of Mental Health & Developmental Disabilities Office of Managed Care 2005 Client Satisfaction Survey

Executive Summary

The 2005 Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) Client Satisfaction Survey was drafted in an effort to measure state mental health consumers' perception of quality of care in a format that would also meet the requirements of the State's federal Data Infrastructure Grant (DIG) Uniform Reporting System (URS) tables and meet the Centers for Medicare and Medicaid (CMS) requirements of the current 1115(a) waiver (TennCare Partners Program). While previous consumer surveys contractually required by the State were conducted by the Behavioral Health Organizations, this is the first time the surveys were administered by TDMHDD. The survey tool was modeled after the Mental Health Statistics Improvement Program's (MHSIP's) Adult Satisfaction Survey and Youth Satisfaction Survey for Families (YSS-F). Tennessee's Co-Principal Investigators for the DIG collaborated with members of the Tennessee Association of Mental Health Organizations (TAMHO) to facilitate administration of the 2005 survey through the state's community mental health agencies (CMHAs). The CMHAs would conduct the surveys on-site and forward the completed surveys to TDMHDD for data recording and analysis. The results of the analysis would then be made available to each CMHA that participated.

All of TAMHO's 23 member agencies agreed to participate in the survey process. Of these, one agency was excluded due to its small size and one agency failed to return any surveys. Twenty-one agencies participated, submitting surveys from 103 locations. A total of 6,965 surveys were requested by TDMHDD, and 6,699 were received. Among the agencies that participated, fulfillment of requested sample size varied, from 19% to 598%, with a median fulfillment rate of 70%.

Statewide, the rate of positive responses was over 90% for seven of the ten MHSIP-defined satisfaction domains: Access to Services (Adult and Child), Quality & Appropriateness (Adult), Cultural Sensitivity of Staff (Child), General Satisfaction (Adult and Child), and Participation in Treatment Planning (Child). Adult perception of Participation in Treatment Planning held 89% positive responses. The lowest scoring domain was Outcomes of Services, for both adults and children, at 80% positive.

Eighty percent of adults surveyed reported having current TennCare coverage, and this number was 93% for children. Most children receiving community mental health services were male (63%), while most adults receiving services were female (65%). Eighteen percent of responding adults reported they were employed, and 21% reported unemployment (looking for work). The remainder indicated they were not in the labor force (retired, disabled, etc). Fifteen percent of adults reported some contact with the criminal justice system (being arrested or going to court for something they did) during the previous year. For children, this figure was 9% during the last six months. The great majority of adults (80%) reported living in a private residence, and 74% of children surveyed were reported to live with one or both parents. Seventy-eight percent of parents/caregivers surveyed reported their child to have missed fewer than six days of school during the last semester, and 85% reported that their child was promoted to the next grade in the previous school year.

While overall survey response rate was better than in previous years, some agencies reported difficulty in gathering the requested number of completed surveys in the time allotted, from clients who may have completed several different satisfaction surveys earlier in the year. In an effort to diminish these problems during the 2006 survey process, an earlier start date is planned (July instead of October). In addition, the TDMHDD survey will also be considered sufficient to satisfy the contractual survey requirements of the BHOs, so that repetition of the same or similar surveys can be avoided.

2005 TDMHDD Consumer Satisfaction Survey

Survey Administration and Scoring Methodology

Survey Process

Twenty-three TAMHO members agreed to participate in the survey process. Of these, one agency was excluded due to its small size and one agency failed to return any surveys. Twenty-one agencies participated, submitting about 6700 surveys from 103 locations.

Each participating agency was assigned a randomly selected series of days to administer the surveys. On the assigned days, agency staff were to give a survey to every individual who came in for service. If the client served was under age 18, the Youth Satisfaction Survey for Families (YSS-F) was given to the parent or caregiver of the child. For clients aged 18+, the MHSIP Adult Satisfaction survey was given to the consumer.

The number of surveys requested from each agency was calculated based on the size of the agency's reported active caseload (number of clients seen within the last 90 days). From the active caseload number, the suggested sample size was based on a 5% error rate and 95% confidence interval. Requested sample sizes ranged from 150 to 373 surveys. A total of 6965 surveys were requested by TDMHDD, and 6699 were received. Among the agencies that participated, fulfillment of sample size varied, from 19% to 598%, with a median fulfillment rate of 70%.

Methodology of Domain Scoring

Ratings of 'Not Applicable' were recoded as missing values. Respondents with more than 1/3 of the items missing from a particular domain were excluded from the calculation for that domain. Positive responses were those marked 'Agree' and 'Strongly Agree'

CMHC Domain scores

Statewide, the rate of positive responses was well over 90% for seven of the ten MHSIP satisfaction domains. Adult participation in treatment planning held 89% positive responses. The lowest scoring domain was Outcomes for both adults and children, at 80% positive.

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2005 Client Satisfaction Survey Scores by MHSIP Domain

Scores calculated for the 10 MHSIP domains, based on surveys with fewer than 1/3 missing from each domain

																							State-	State-
	All	Agency	wide	wide																				
MHSIP Domain	CMHCs	Α	В	C	D	E	F	G	Н	l	J	K	L	М	N	0	Р	Q	R	S	T	U	Median	Mean
Adult % Reporting Positively about Access	94%	94%	93%	96%	96%	96%	94%	90%	95%	95%	95%	97%	96%	98%	90%	93%	89%	88%	91%	96%	96%	77%	95%	93%
Adult % Reporting Positively about Quality and Appropriateness	96%	95%	89%	99%	98%	99%	98%	94%	96%	99%	95%	100%	96%	98%	93%	93%	98%	93%	97%	98%	98%	75%	97%	95%
Adult % Reporting Positively about Outcomes	80%	72%	59%	78%	79%	89%	77%	92%	81%	82%	78%	75%	81%	86%	88%	85%	90%	81%	79%	86%	82%	75%	81%	81%
Adult % Reporting Positively on Participation in Treatment Planning	89%	84%	70%	90%	91%	96%	90%	87%	88%	91%	85%	89%	88%	85%	87%	88%	90%	90%	91%	92%	93%	77%	89%	88%
Adult % Reporting Positively about General Satisfaction	97%	94%	89%	97%	98%	99%	98%	93%	96%	98%	95%	96%	98%	96%	96%	94%	95%	91%	97%	98%	100%	95%	96%	96%
% Reporting Positively about Access for Children & Youth	91%	95%	75%	94%	90%	97%	90%		95%	100%	90%	94%	77%	92%	92%	94%		86%	75%	94%	91%		92%	90%
% Reporting Positively on General Satisfaction with Child's Services	96%	98%	93%	95%	96%	99%	96%		94%	96%	100%	96%	95%	100%	95%	92%		100%	89%	99%	97%		96%	96%
% Family Members Reporting Positively on Participation in Tx Planning	96%	98%	88%	97%	95%	100%	98%		95%	100%	95%	92%	98%	100%	97%	96%		98%	92%	96%	97%		97%	96%
% Reporting Positively about Cultural Sensitivity of Staff	99%	97%	94%	99%	100%	100%	100%		98%	100%	100%	98%	100%	100%	100%	98%		100%	95%	100%	100%		100%	99%
% Reporting Positively about Outcomes for Children & Youth	80%	90%	70%	82%	80%	91%	88%		70%	81%	67%	86%	73%	92%	77%	77%		82%	78%	89%	79%		81%	81%

Adult Survey Questions Included in Each Domain

ADULT: ACCESS TO SERVICES

- 4. The location of services was convenient (parking, public transportation, distance, etc.).
- 5. Staff were willing to see me as often as I felt it was necessary.
- 6. Staff returned my call within 24 hours.
- 7. Services were available at times that were good for me.

ADULT: QUALITY & APPROPRIATENESS

- 8. Staff here believe that I can grow, change and recover.
- 10. I felt free to complain.
- 11. I was given information about my rights as a mental health consumer.
- 12. Staff encouraged me to take responsibility for how I live my life.
- 13. Staff told me what side effects to watch out for from my medications.
- 14. Staff respected my wishes about who is and who is not to be given information about my treatment.
- 16. Staff were sensitive to my cultural background (race, religion, language, etc.)
- 17. Staff helped me obtain the information I needed so that I could take charge of my managing my illness.
- 18. Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).

ADULT: OUTCOMES OF SERVICES

- 21. I deal more effectively with daily problems.
- 22. I am better able to control my life.
- 23. I am better able to deal with crisis.
- 24. I am getting along better with my family.
- 25. I do better in social situations.
- 26. I do better in school and/or work.
- 27. My housing situation has improved.
- 28. My symptoms are not bothering me as much.

ADULT: PARTICIPATION IN TREATMENT PLANNING

- 9. I felt comfortable asking questions about my treatment and medication.
- 15. I, not staff, decided my treatment goals.

ADULT: GENERAL SATISFACTION

- 1. I like the services that I received here.
- 2. If I had other choices, I would still get services from this agency.
- 3. I would recommend this agency to a friend or family member.

Child Survey Questions Included in Each Domain

CHILD: ACCESS TO SERVICES

- 8. The location of services was convenient for us (parking, public transp, distance, etc.)
- 9. Services were available at times that were convenient for us

CHILD: CULTURAL SENSITIVITY OF STAFF

- 12. Staff treated me with respect.
- 13. Staff respected my family s religious/spiritual beliefs.
- 14. Staff spoke with me in a way that I understood.
- 15. Staff were sensitive to my cultural/ethnic background.

CHILD: OUTCOMES OF SERVICES

- 16. My child is better at handling daily life.
- 17. My child gets along better with family members.
- 18. My child gets along better with friends and other people.
- 19. My child is doing better in school and/or work.
- 20. My child is better able to cope when things go wrong.
- 21. I am satisfied with our family life right now.

CHILD: PARTICIPATION IN TREATMENT

- 2. I helped to choose my child s services.
- 3. I helped to choose my child s treatment goals.
- 6. I participated in my child s treatment.

CHILD: GENERAL SATISFACTION

- 1. Overall, I am satisfied with the services my child received.
- 4. The people helping my child stuck with us no matter what.
- 5. I felt my child had someone to talk to when he/she was troubled.
- 7. The services my child and/or family received were right for us.
- 10. My family got the help we wanted for my child.

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11. My family got as much help as we needed for my child.

	# of					
	respond	%				
Adults	ents	positive	SA	Α	D	SD
1. I like the services that I received here.	5040	98%	2862	2068	77	33
2. If I had other choices, I would still get services from this agency.	4997	94%	2539	2158	231	69
3. I would recommend this agency to a friend or family member.	5004	97%	2767	2065	120	52
4. The location of services was convenient (parking, public transportation, distance, etc.).	5000	93%	2448	2191	271	90
5. Staff were willing to see me as often as I felt it was necessary.	4988	94%	2570	2109	232	77
6. Staff returned my call within 24 hours.	4754	91%	2235	2072	353	94
7. Services were available at times that were good for me.	5010	95%	2571	2205	165	69
8. Staff here believe that I can grow, change and recover.	4836	95%	2381	2220	171	64
9. I felt comfortable asking questions about my treatment and medication.	4961	95%	2554	2178	176	53
10. I felt free to complain.	4912	93%	2280	2288	266	78
11. I was given information about my rights as a mental health consumer.	4958	96%	2521	2229	156	52
12. Staff encouraged me to take responsibility for how I live my life.	4859	95%	2343	2266	196	54
13. Staff told me what side effects to watch out for from my medications.	4760	91%	2191	2154	340	75
14. Staff respected my wishes about who is and who is not to be given information about my						
treatment.	4932	97%	2665	2098	117	52
15. I, not staff, decided my treatment goals.	4720	89%	1871	2315	445	89
16. Staff were sensitive to my cultural background (race, religion, language, etc.)	4678	95%	2302	2164	145	67
17. Staff helped me obtain the information I needed so that I could take charge of my managing						
my illness.	4789	94%	2197	2299	222	71
18. Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis						
phone lines, etc.).	4651	91%	2049	2194	337	71

	# of respond		
	ents	% Yes	% No
19. Are you covered by Medicaid/TennCare?	4999	80%	20%
20. If you used TennCare Transportation Services, were you satisfied with the services?	2394	67%	33%

	# of respond	%				
As a Direct Result of Services I Received:	ents	positive	SA	Α	D	SD
21. I deal more effectively with daily problems.	4695	87%	1484	2604	505	102
22. I am better able to control my life.	4676	85%	1395	2574	612	95
23. I am better able to deal with crisis.	4647	81%	1302	2446	736	163
24. I am getting along better with my family.	4577	81%	1402	2327	666	182
25. I do better in social situations.	4548	76%	1199	2247	857	245
26. I do better in school and/or work.	3038	75%	884	1398	573	183
27. My housing situation has improved.	4068	80%	1210	2027	611	220
28. My symptoms are not bothering me as much.	4604	73%	1108	2265	889	342

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Adults (continued)

Please answer the following questions to let us know how you are doing.

29. In which of the following places do you currently live?	4839 to	otal respondents	
a. Private Residence	3868	80%	
b. Crisis Shelter	48	1%	
c. Homeless/Shelter	103	2%	
d. Residential Care (group home/ boarding home)	248	5%	
e. Jail/Correctional Facility	48	1%	
f. Institutional setting	41	1%	
g. Other	483	10%	
30. What is your current employment status?	4615 to	otal respondents	
a. Employed (full time or part time)	825	18%	
b. Unemployed (looking for work)	972	21%	
c. Not in labor force (Retired, homemaker, student, disabled, etc.)	2818	61%	
31. In the last year, did you get arrested by police or go to court for something you did?	4539 to	otal respondents	
Yes	666	15%	
No	3873	85%	

Please provide the following information for statistical compilation purposes.

32. Gender	4607 total respondents
Male	1594 35%
Female	3013 65%
34. Race	4835 total respondents
a. White	3397 70%
b. Black (African American)	1123 23%
c. Native American	45 1%
d. Asian	26 1%
e. More than one race	133 3%
f. Other	111 2%
35. Ethnicity	4381 total respondents
a. Hispanic	114 3%
b. Non-Hispanic	4267 97%

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	# of					
Children	respond ents	% positive	SA		D	SD
		•		A 75.4	30	٠.
Overall, I am satisfied with the services my child received.	1535	98%	747	754		4
2. I helped to choose my child s services.	1491	94%	593	803	84	11
3. I helped to choose my child s treatment goals.	1497	94%	620	790	78	9
The people helping my child stuck with us no matter what.	1481	95%	710	694	58	19
5. I felt my child had someone to talk to when he/she was troubled.	1501	95%	705	726	60	10
6. I participated in my child s treatment.	1516	97%	767	707	34	8
7. The services my child and/or family received were right for us.	1508	96%	663	788	46	11
8. The location of services was convenient for us (parking, public transp, distance, etc.)	1555	93%	714	733	96	12
9. Services were available at times that were convenient for us	1545	94%	689	760	76	20
10. My family got the help we wanted for my child.	1509	96%	649	793	60	7
11. My family got as much help as we needed for my child.	1485	92%	592	776	104	13
12. Staff treated me with respect.	1547	99%	908	624	13	2
13. Staff respected my family s religious/spiritual beliefs.	1392	99%	708	673	6	5
14. Staff spoke with me in a way that I understood.	1531	99%	845	674	8	4
15. Staff were sensitive to my cultural/ethnic background.	1339	98%	654	661	15	9
As a result of the services my child and/or family received:						
16. My child is better at handling daily life.	1439	85%	430	792	185	32
17. My child gets along better with family members.	1440	81%	379	792	231	38
18. My child gets along better with friends and other people.	1435	83%	385	810	204	36
19. My child is doing better in school and/or work.	1423	82%	448	724	198	53
20. My child is better able to cope when things go wrong.	1431	75%	349	719	298	65
21. I am satisfied with our family life right now.	1453	78%	385		247	68

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Children (continued)

Please answer the following questions to let us know how your child is doing.

22. In which of the following places does your child currently live?	1529 to	otal respondents
a. With one or both parents	1134	74%
b. With another family member	207	14%
c. Foster home	120	8%
d. Crisis Stabilization Unit/ Crisis Respite	0	0%
e. Homeless/Shelter	1	0%
f. Residential Treatment Facility	21	1%
g. Hospital	0	0%
h. Jail/Correctional Facility	2	0%
i. Other	44	3%
23. In the last six months, did your child see a medical doctor (or nurse) for a routine health		
checkup?	1518 to	otal respondents
Yes	1165	77%
No	353	23%
24. In the last six months, did your child get arrested by police or go to court for something he/she		
did?		otal respondents
Yes	136	9%
No	1382	91%
25. Was your child absent from school more than six days during the last school semester?		
		otal respondents
Yes	314	22%
No	1118	78%
26. In the previous school year, was your child promoted to the next grade?	1412 to	otal respondents
Yes	1201	85%
No	211	15%
27. Is your child covered by Medicaid/TennCare?	1509 to	otal respondents
Yes	1409	93%
No	100	7%
28. If you used TennCare Transportation Services, were you satisfied with the services?	425 to	otal respondents
Yes	277	65%
No	148	35%

Please answer the following questions to let us know a little about your child.

30. Child's Gender	1455 total respondents
Male	921 63%
Female	534 37%
31. Child's Race	1521 total respondents
a. White	957 63%
b. Black (African American)	453 30%
c. Native American	9 1%
d. Asian	3 0%
e. More than one race	76 5%
f. Other	23 2%
32. Child's Ethnicity	1370 total respondents
a. Hispanic	54 4%
b. Non-Hispanic	1316 96%

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TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Mental Health Consumer Satisfaction Survey 2005 - Adults

AGENCY	COUNTY

Please help us make services better by answering some questions about the services you currently receive or have received from this agency. We are interested in your honest opinion. Your answers are confidential and will not influence the services you receive. Please indicate if you **Strongly Agree**, **Agree**, **Disagree**, **or Strongly Disagree** with each of the following statements.

Witi	n each of the following statements.					
		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1.	I like the services that I received here.	0	0	0	•	0
2.	If I had other choices, I would still get services from this agency.	•	0	•	•	•
3.	I would recommend this agency to a friend or family member.	•	0	0	•	0
4.	The location of services was convenient (parking, public transportation, distance, etc.).	•	•	•	•	•
5.	Staff were willing to see me as often as I felt it was necessary.	•	0	•	•	0
6.	Staff returned my calls within 24 hours.	•	0	0	•	0
7.	Services were available at times that were good for me.	•	0	•	•	•
8.	Staff here believe that I can grow, change and recover.	•	0	•	•	0
9.	I felt comfortable asking questions about my treatment and medication.	•	0	•	•	•
10.	I felt free to complain.	•	0	•	•	•
11.	I was given information about my rights as a mental health consumer.	•	0	•	•	•
12.	Staff encouraged me to take responsibility for how I live my life.	•	0	•	•	0
13.	Staff told me what side effects to watch out for from my medications.	•	0	•	•	•
14.	Staff respected my wishes about who is and who is not to be given information about my treatment.	0	•	•	•	0
15.	I, not staff, decided my treatment goals.	•	0	•	•	•
16.	Staff were sensitive to my cultural background (race, religion, language, etc.)	•	0	0	•	0
17.	Staff helped me obtain the information I needed so that I could take charge of managing my illness.	•	0	•	•	•
18.	Staff encouraged me to use consumer-run programs (support groups, drop-in centers, crisis phone lines, etc.).	•	0	•	•	•
19.	Are you covered by Medicaid/TennCare?	•	Yes	•	No	
20.	If you used TennCare Transportation Services, were you satisfied with the services?	0	Yes	•	No	O N/A
	(Over, Please)					
						Page 1

	a direct re	sult of service	s I rece	ived:				Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
21.	l deal more	e effectively with o	daily prob	olems.				•	•	•	•	•
22.	I am better	able to control m	y life.					•	•	•	•	•
23.	l am better	able to deal with	crisis.					•	•	•	•	•
24.	l am getting	g along better wit	h my fan	nily.				•	•	•	•	•
25.	l do better	in social situation	S.					•	•	•	•	•
26.	l do better	in school and/or	work.					0	•	•	•	•
27.	My housing	g situation has im	proved.					•	•	•	•	•
28.	My sympto	ms are not bothe	ring me a	as much.				•	0	•	•	•
20	0	Homeless / Sh	re (group		arding hom	e)						
30.	O What is you O	Residential Cal ur current employ Employed (full Unemployed (k	re (group ment sta time or p poking fo	itus? art time) r work)			oto \					
	What is you	Residential Ca ur current employ Employed (full	re (group ment sta time or p poking fo ce (retire	tus? art time) r work) d, homema	ker, studen	t, disabled,		u did?	•	Yes	•	No
31.	What is you	Residential Ca ur current employ Employed (full Unemployed (lo Not in labor for	re (group ment sta time or p poking fo ce (retire	tus? art time) r work) d, homema	ker, studen	t, disabled,		u did?	•	Yes	•	No
31. Abc	What is you O O O In the last yout	Residential Ca ur current employ Employed (full Unemployed (lo Not in labor for	re (group ment sta time or p poking fo ce (retire	tus? art time) r work) d, homema	ker, studen	t, disabled,		u did?	0	Yes	0	No
31. Abc 32.	What is you O O O In the last yout	Residential Cal ur current employ Employed (full Unemployed (li Not in labor for year, did you get	re (group ment sta time or p poking fo ce (retire	tus? art time) r work) d, homema	ker, studen	t, disabled,		u did?	o	Yes	0	No
31. Abc 32. 33.	What is you O O In the last you O O U O O O O O O O O O O O O O O O O	Residential Cal ur current employ Employed (full Unemployed (li Not in labor for year, did you get	re (group rment sta time or p pooking fo ce (retire arrested	itus? art time) r work) d, homemal by police or	ker, studen	t, disabled, t for someti		u did?	•	Yes	o	No
31. Abc 32. 33.	What is you O O In the last you O O U O O O O O O O O O O O O O O O O	Residential Ca ur current employ Employed (full Unemployed (li Not in labor for year, did you get ur age now?	re (group rment sta time or p pooking fo ce (retire arrested	itus? art time) r work) d, homemal by police or	ego to cour	t, disabled, t for someti		u did?	•	Yes	O	No
31. Abc 32. 33.	What is you O O In the last you What is you Gender: What is you O O	Residential Cal ur current employ Employed (full Unemployed (li Not in labor for year, did you get ur age now? ur racial backgrou White Black (African A	re (group rment sta time or p pooking fo ce (retire arrested O und?	itus? art time) r work) d, homemal by police or — Male	o O	t, disabled, t for someti Female	hing yo		•	Yes	O	No
31. Abc 32. 33.	What is you O O In the last you O O U O O O O O O O O O O O O O O O O	Residential Caur current employ Employed (full Unemployed (le Not in labor for year, did you get ur age now?	re (group rment sta time or p pooking fo ce (retire arrested O und?	itus? art time) r work) d, homemal by police or — Male	ego to cour	t, disabled, t for someti Female Asian	hing yo		•	Yes	0	No

TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

Mental Health Consumer Satisfaction Survey 2005 - Youth Services for Families

AGENCY	COUNTY	
•		

Please help us make services better by answering some questions about the services your child is currently receiving or has received from this agency. We are interested in your honest opinion. Your answers are confidential and will not influence the services you or your child receive. Please indicate if you Strongly Agree, Agree, Disagree, or Strongly Disagree with each of the following statements.

ь—	<u> </u>					
		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1.	Overall, I am satisfied with the services my child received.	O	O	Ö	Ö	•
2.	I helped to choose my child's services.	•	0	•	•	•
3.	I helped to choose my child's treatment goals.	•	0	•	•	•
4.	The people helping my child stuck with us no matter what.	•	0	•	•	•
5.	I felt my child had someone to talk to when he / she was troubled.	•	0	•	•	•
6.	I participated in my child's treatment.	•	0	•	•	•
7.	The services my child and/or family received were right for us.	•	0	•	•	•
8.	The location of services was convenient for us (parking, public transportation, distance, etc.).	0	0	0	0	0
9.	Services were available at times that were convenient for us.	•	O	0	•	•
10.	My family got the help we wanted for my child.	•	0	•	•	•
11.	My family got as much help as we needed for my child.	•	0	•	•	•
12.	Staff treated me with respect.	•	0	•	•	•
13.	Staff respected my family's religious / spiritual beliefs.	•	0	0	•	•
14.	Staff spoke with me in a way that I understood.	•	O	•	•	•
15.	Staff were sensitive to my cultural / ethnic background.	•	0	•	•	•
As	a result of the services my child and / or family received:					
16.	My child is better at handling daily life.	•	0	•	•	•
17.	My child gets along better with family members.	O	O	•	•	•
18.	My child gets along better with friends and other people.	•	•	•	•	•
19.	My child is doing better in school and / or work.	•	•	•	•	•
20.	My child is better able to cope when things go wrong.	•	•	•	•	•
21.	I am satisfied with our family life right now.	•	•	•	•	•
	(Over, Please)					
						Page 1

Pleas	se answe	er the following	g quest	ions to let u	s know	how yo	ur child	l is doi	ng.				
22. I	In which of the following places does your child currently live?												
	 With one or both parents 						0	Reside	ntial Trea	tment F	acility		
	0	With another fa	amily me	mber	0			Hospita					
	0	Foster home					0		orrection	al Facility	/		
	0	Crisis Stabiliza		/ Crisis Respi	ite		0	Other					
	0	Homeless / Sh	elter										
		six months, did alth checkup?	your chi	ld see a medi	cal docto	r (or nurse	e) for a	0	Yes	0	No		
		six months, did ing he / she did?		ld get arrested	d by polic	ce or go to	court	0	Yes	0	No		
	Was your o semester?	child absent from	school r	nore than six	days dur	ring the las	st schoo	O	Yes	0	No	0	N/A
26. I	In the prev	vious school ye	ar, was y	our child pron	noted to	the next g	rade?	O	Yes	O	No	O	N/A
27.	ls your chil	ld covered by Me	dicaid / 1	TennCare?				O	Yes	O	No		
	If you used services?	d TennCare Trans	sportatio	n Services, we	ere you s	atisfied wi	th the	0	Yes	0	No	0	N/A
Abou	ut Your C	hild:											
29. \	What is yo	ur child's age no	w?		_								
30. (Child's gen	nder:	•	Male	0	Female							
31. \	What is yo	ur child's racial b	ackgrour	nd?									
	0	White			0	Asian							
	0	Black (African	n)	0	More th	race							
	0	Native America	an		0	Other							
32. I	ls your chil	ld of Hispanic or	Latino de	escent?	0	Yes	0	No					
		THANK	(YOU F	OR TAKING	G THE T	IME TO	COMPL	LETE T	HIS SUF	RVEY!			